

PTO/SB/52 (03-02)

Approved for use through 01/31/2004. OMB 0851-0033

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<b>REISSUE APPLICATION DECLARATION BY THE ASSIGNEE</b>		Docket Number (optional) 01-10-1769
I hereby declare that:		
The residence, mailing address and citizenship of the inventors are stated below.		
I am authorized to act on behalf of the following assignee: <u>Calico Brands, Inc.</u>		
and the title of my position with said assignee is: <u>President</u>		
The entire title to the patent identified below is vested in said assignee.		
Inventor <u>LEE, Thomas Ping Hua</u>	Citizenship <u>Unknown</u>	
Residence/Mailing Address (last known) <u>128 Brent Circle, Industry, CA 91789</u>		FAX RECEIVED APR 22 2003 PETITIONS OFFICE
Inventor	Citizenship	
Residence/Mailing Address		
<input type="checkbox"/> Additional Inventors are named on separately numbered sheets attached hereto.		
Patent Number <u>5,971,751</u>	Date of Patent Issued <u>10/26/99</u>	
Title of Invention <u>Safety Apparatus of a Piezoelectric Lighter</u>		
I believe said inventor(s) to be the original and first inventor(s) of the subject matter which is described and claimed in said patent, for which a reissue patent is sought on the invention entitled: <u>Safety Apparatus of a Piezoelectric Lighter</u>		
the specification of which		
<input type="checkbox"/> is attached hereto.		
<input checked="" type="checkbox"/> was filed on <u>10/26/01</u> as reissue application number <u>10</u> / <u>039,578</u> and was amended on <u>10/26/01</u> (If applicable)		
I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.		
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.		
I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)		
<input type="checkbox"/> by reason of a defective specification or drawing.		
<input checked="" type="checkbox"/> by reason of the patentee claiming more or less than he had the right to claim in the patent.		
<input type="checkbox"/> by reason of other errors.		

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.5 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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<b>REISSUE APPLICATION DECLARATION BY THE ASSIGNEE</b>		Docket Number (Optional) <b>01-10-1769</b>	
At least one error upon which reissue is based is described as follows:  <b>Broadening of Claims:</b> the applicant brings this reissue application by reason of the patentee claiming less than he had the right to claim in the patent. The applicant has added new claims 7 and 8 in order to better describe the invention as disclosed in Figs. 2-4 and Columns 3, 1n35 to Column 5, 1n8 of the specification  [Attach additional sheets, if needed.]  All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant.			
I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the United States Patent and Trademark Office connected therewith.			
Name(s)		Registration Number	
R. Joseph Trojan		34,264	
Roy A. Kim		51,833	
Jessica J. Slusser		50,890	
Correspondence Address: Direct all communications about the application to:			
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OR		Type Customer Number Here	
<input type="checkbox"/> Firm or Individual Name		Trojan Law Offices	
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Zip	90212		
Country	USA		
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.			
Full name of person signing (given name, family name) <b>Felix Hon</b>			
Signature		Date <b>4/11/03</b>	
Address of Assignee <b>2055 South Haven Ave. Ontario, CA 91761</b>			